

**Amendment Transmittal & Petition for Extension  
of Time under 37 CFR 1.136(a)**

Docket Number

37621/51001

Address To  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**Title of Invention****IMPLANTABLE DEVICE DELIVERY SYSTEM HANDLE AND METHOD OF USE**

First Named Inventor	Mangiardi et al.
Application No.	10/585,430
Filing Date	January 7, 2009
Examiner	Katrina M. Stransky
Art Unit	3734

Transmitted herewith is an amendment in the above-identified application.

This is also a petition under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as shown below (check time period desired).

**Fee Calculation****Extension of Time Fee**

☒ One month (37 CFR 1.17(a)(1))    ☐ Two months (37 CFR 1.17(a)(2))    ☐ Three months (37 CFR 1.17(a)(3))  
☐ Four months (37 CFR 1.17(a)(4))    ☐ Five months (37 CFR 1.17(a)(5))

**Claims as Amended**

For	#Filed	#Previously Paid For	#Extra	Rate	Fee
Total Claims	28	- 31 =		x 60 =	
Total Indep. Claims	4	- 3 =	1	x 250 =	\$250
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Extension Fee (from above)					\$150
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.					
<b>TOTAL</b>					<b>\$400</b>

**Method of Payment**

☐ Deposit Account    ☒ Credit Card    ☐ Check    ☐ Money Order    ☐ Other: \_\_\_\_\_

Deposit Account Number    502375

**For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)**

- ☐ Charge the fee(s) set forth above  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  
☐ Charge fee(s) indicated above, **except for the filing fee**  
☒ Credit any overpayments  
☐ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to the Deposit Account above.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

Amount Grand Total    **\$400**

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## Correspondence Address

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I hereby certify that this Amendment and Petition for Extension of Time, accompanying documents, and fee are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:

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### Signature Instructions


Select the name of the person who will electronically sign the Amendment and Petition for Extension of Time from the drop-down box below.

If a practitioner is not present in the drop-down list, you must close this form and select 'Add Practitioner...' in the Form Manager's Utility menu.

Verify that the signatory information is correct and press the 'eSign' button to electronically sign the submission. If you prefer to sign the form manually, simply do not click the 'eSign' button; just print and manually sign.

Signatory Drop-Down Box

Matthew S. Bethards

Name	Matthew S. Bethards	Registration Number	51,466
Signatory Capacity	Attorney for Applicant(s)	E-mail Address	msbethards@stoel.com
	/Matthew S. Bethards/	Date Signed	10/06/2011